

STATE OF ALABAMA
DEPARTMENT OF INSURANCE

PG

Retaliatory Tax Statement
for the Year Ending December 31, _____

INSTRUCTIONS

PENALTIES: Any Company failing to file its Premium Tax Return (even when no tax is due) or failing to pay such taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Tax Filing.

- () Include supporting calculations for Retaliatory Statement, i.e. a retaliatory statement from the Insurer's state of domicile.
- () Make checks payable to: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Please mail Retaliatory Tax Statement and Check to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#

Name of Company

Company's Mailing Address

Preparer's Name and Title (Print)

Telephone Number

RETALIATORY COMPUTATION

When by the laws of any other state, the aggregate taxes and fees which are imposed upon Alabama insurers are in excess of the aggregate taxes and fees imposed by Alabama upon similar insurers of such other state, the same taxes and fees imposed by such state shall be imposed by Alabama on the insurers of such other state.

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|----|--|----------------|---|
| 1. | Amount of tax due your state by a similar Alabama insurer | \$ _____ | Your state of domicile premium tax rate _____ |
| 2. | Annual Statement filing Fee imposed upon a similar Alabama insurer | \$ _____ | |
| 3. | License renewal fee due for a similar Alabama insurer | \$ _____ | |
| 4. | Other taxes and fees imposed upon a similar Alabama insurer | \$ _____ | |
| 5. | TOTAL (lines 1 - 4) | \$ _____ | |
| 6. | Total TAXES you owe figured on an Alabama basis | \$ _____ | |
| 7. | Total fees you owe figured on an Alabama basis | \$ _____ | |
| 8. | TOTAL (lines 6 and 7) | \$ _____ | |
| 9. | TOTAL RETALIATORY TAXES DUE
(line 5 less line 8, if negative enter zero) | PG--- \$ _____ | |